

Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark 11.19.10	Date Received 11.22.10	Notification 220113
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I. TYPE OF NOTIFICATION (O = Original / R = Revised) : **Original**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: Westchester Medical Center

Address: 95 Grasslands Road

City: Valhalla	State: New York	ZIP: 10595
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Contact: Anthony Lagnese	Tel: 516-523-5504
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REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island	State: New York	ZIP: 10309
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Contact: John Tardy	Tel: 718-605-6256
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Address:

OTHER OPERATOR:

Contact:	Tel:
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III. TYPE OF OPERATION (D = Demolition / R = Renovation) : **R / Asbestos Removal Only**

IV. IS ASBESTOS PRESENT? (Yes/No): **yes**

V FACILITY DESCRIPTION (include building name, number and floor or room number): **Radiology Department (Main Building)**

Building: Westchester Medical Center

Address: 95 Grasslands Road

Address:

City Valhalla	State: New York	County: Westchester
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Site Location: Westchester Medical Center

Building Size	SqMeter:	SqFt: 100000	# of Floors:	Age in Years 50+
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Present Use: Hospital	Prior Use: Hospital
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VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed Category II	Non-friable Asbestos Material not to be removed Category I
PIPES - Linear Feet		
PIPES- Linear Meters		
Surface Area - Square Feet	7835	
Surface Area - Square Meters		
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 11/29/2010 Completion: 11/1/2011

X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Negative air machines under HEPA filtration system. Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Express Waste Services

Address: 614 Frelinghuysen Avenue

City: Newark

State: New Jersey

ZIP: 07114

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Cumberland County Landfill

Address:

City: Newburg

State: PA

ZIP: 17242

Telephone: 717 423-5917

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

John Tardy

11/19/2010

Signature of Owner/Operator

Project Manager

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

John Tardy

11/19/2010

Signature of Owner/Operator

Project Manager

Date